

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

(Inmate Number)

55438

(Name of Plaintiff)

Desmond V. Gayle

(Address of Plaintiff)

York County Prison

vs. DEPUTY
WARDEN HOGAN, BOWEN
YORK County Prison

3400 Concord Road

YORK, P.A 17402

(Names of Defendants)

1 : CV 01-1282

(Case Number)

COPY COMPLAINT

FILED
SCRANTON

JUL 11 2001

PER MC
DEPUTY CLERKTO BE FILED UNDER: ☐ 42 U.S.C. § 1983 - STATE OFFICIALS☒ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. Previous Lawsuits

- A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

Lawsuit Against York County Prison
CV-00881 + CV-00553 year 2000 & 2001
Lawsuit Against U.S Post Office or Postal,
Service CV-00110 year 2001.

II. Exhaustion of Administrative Remedies

- A. Is there a grievance procedure available at your institution?
☒ Yes ☐ No
- B. Have you filed a grievance concerning the facts relating to this complaint?
☒ Yes ☐ No

If your answer is no, explain why not

- C. Is the grievance process completed? ☒ Yes ☐ No

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

A. Defendant WARDen thomas Hogan is employed
as WARDen at York County Prison

B. Additional defendants Deputy WARDen -
- David Bowen
At (York County Prison)

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. ON MARCH 12th 2001, I was place in the Solitary Confinement. On tuesday MARCH 20th 2001, I went to see a female Doctor at the Medical Department, and
2. let her know, that I WAS sick from eating the food not being served at the Box. I ASKed her to change the Disciplinary SANction, she said; Only the WARDen Hogan CAN change
3. my Diet. The WARDen give her the ORDER (Doctor) The Deputy WARDen denied my Appeal, After I pleaded not guilty for the Accusations Against me. I spent 60 DAYS in the Solitary Confinement.

II

Medical Malpractice

On MARCH 12th, 2001, I WAS placed in Solitary Confinement.

On Tuesday MARCH 20th, I Went to see a Female Doctor, at the Medical Department, and let her know, that I AM terribly sick from eating the foodloaf being served, at the Solitary Confinement, I let the Doctor know that I am having Continuous Stomach Pain, And PASSING Blood in my stool, When I used the Toilet.

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She Doctor said, she will give me some Metamucil for my Stomach. I asked her Please to Recommend other form of SANCTIONS for me, Because the foodloaf is making me sick in the Stomach; Continuously, And that the foodloaf is AFFECTING My Health. She Doctor told me, that she Cannot Recommend No other form of SANCTIONS (Disciplinary) for me, Because she doesn't have such power, And Authority to do so.

[3] I Knew she lied to me, When she told me, that,! And look me straight in the eyes.

ON Wednesday April, 4th, 2001, At About 7pm I Became sick Again, And Urgently Notified the officers, Who Was Working at the Solitary Confinement. One Senior officer at about age 60, A White male, by the Name of MR ZAIN (to the Best of My Memories) He heard my Cry for help, And Came to my Assistance. I explain to MR ZAIN, that I am having Serious Stomach Pain, And I have been Attending the toilet in three, Five, And ten Minutes periods, to Urinate, short and small Amount of Urine, Along With burning in my URINARY System.

Correctional Officer ZAIN, have me filled out a Medical Request Form, While He Notified the Medical Department. I WAS & escorted to the Medical Dept/ About AN hour later or more, Which WAS About 8:00pm - 8:30pm. When I Arrived at the Medical, I had Was to Wait to see the Nurse, for A Nother 30 Minutes period, While two other inmates Where being nt.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

I Am ASKING the COURT to ORDER the
YORK County Prison, OR WARDEN
And Deputy WARDen to Compensate

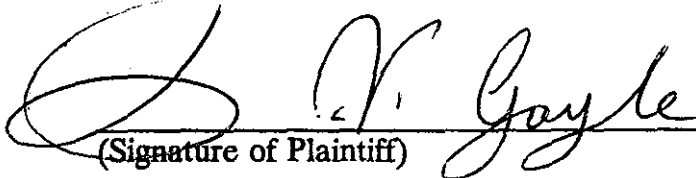
2.

Me With the Sum of \$3,000,000.00
(Three Million Dollars)
Because my health WAS damaged

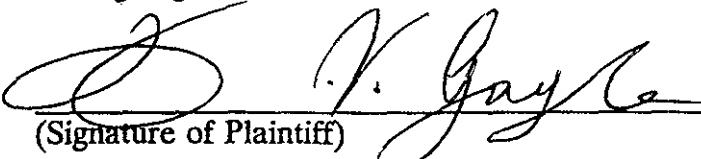
3.

I Am ASKING for Justice from
The Court, And A full-legal
INVESTigation in this matter.

Signed this 28, day of June, 2001.


(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

June, 28, 2001 
(Date) (Signature of Plaintiff)

**FORMS TO BE COMPLETED BY PRISONERS FILING A CIVIL RIGHTS
COMPLAINT UNDER 42 U.S.C. § 1983 or 28 U.S.C. § 1331**

COVER SHEET

THIS COVER SHEET CONTAINS IMPORTANT INFORMATION ABOUT FILING A COMPLAINT AND YOUR OBLIGATIONS IF YOU DO FILE A COMPLAINT. **RECEIVED**
COMPLETE THE COVER SHEET BEFORE YOU PROCEED FURTHER. **SCRANTON**

JUL 10 2001

The cost for filing a civil rights complaint is \$150.00.

If you do not have sufficient funds to pay the full filing fee of \$150.00 you need permission **PER** DEPUTY CLERK
forma pauperis. However, the court will assess and, when funds exist, immediately collect an initial partial
filing fee of 20 percent of the greater of:

- 1) the average monthly deposits to your prison account for the past six months; or
- 2) the average monthly balance in your prison account for the past six months.

Thereafter, the institution in which you are incarcerated will be required to make monthly payments of 20% of the preceding month's deposits credited to your account until the entire filing fee is paid.

CAUTION: YOUR OBLIGATION TO PAY THE FULL FILING FEE WILL CONTINUE REGARDLESS OF THE OUTCOME OF YOUR CASE, EVEN IF YOUR COMPLAINT IS DISMISSED BEFORE THE DEFENDANTS ARE SERVED.

1. You shall file a complaint by completing and signing the attached complaint form and mailing it to the Clerk of Court along with the full filing fee of \$150.00. (In the event attachments are needed to complete the allegations in the complaint, no more than three (3) pages of attachments will be allowed.) If you submit the full filing fee along with the complaint, you **DO NOT** have to complete the rest of the forms in this packet. Check here if you are submitting the filing fee with the complaint form. _____

2. If you cannot afford to pay the fee, you may file a complaint under 28 U.S.C. § 1915 without paying the full filing fee at this time by completing the following: (1) Complaint Form; (2) Application To Proceed In Forma Pauperis; and (3) Authorization Form. You must properly complete, sign and submit all three standard forms or your complaint may be returned to you by the Clerk of Court. Check here if you are filing your complaint under 28 U.S.C. § 1915 without full prepayment of fees. X

Please Note: If your case is allowed to proceed and you are awarded compensatory damages against a correctional facility or an official or agent of a correctional facility, the damage award will first be used to satisfy any outstanding restitution orders pending. Before payment of any compensatory damages, reasonable attempts will be made to notify the victims of the crime for which you were convicted concerning payment of such damages. The restitution orders must be fully paid before any part of the award goes to you.

DO NOT DETACH THE COVER SHEET FROM THE REST OF THE FORMS